

infections by administering the effective prophylactic drugs and for the prescription of the best therapy in cases of postoperative infections. This suggestion agreed with that found by Herde *et al.* ⁽¹⁴⁾, who stated "The preoperative bacteriological diagnostic of the conjunctiva is important mainly for the prevention of postoperative endophthalmitis despite the transience and fluctuation of the conjunctival flora but also in case of endophthalmitis for rapid specific antibacterial therapy."

Antimicrobial resistance of bacteria has become a worldwide problem; the prevalence of resistant bacteria can lead to selection of either non-effective or expensive drugs, prolonged illness, or greater risk of death ⁽²⁷⁾.

These isolated microbes exerted very high resistance to penicillin G, ampicillin, and amoxicillin. Akhter *et al.* ⁽²⁸⁾ denoted that high rates of resistance were observed among Gram-negative and Gram-positive species to penicillin G, ampicillin, and amoxicillin.

The following antibiotics could be used as topical ophthalmic therapy: vancomycin, ciprofloxacin, tobramycin, amikacin, gentamicin, tetracycline, chloramphenicol, and rifampicin ^(29, 20, 8).

Gram-positive species exhibited higher sensitivity to vancomycin. All *Corynebacterium spp.* were responsive to this drug. Among coagulase-negative staphylococci (only one isolate) was resistant to vancomycin. Kunimoto *et al.* ⁽³⁰⁾ reported similar results and indicated that all *Corynebacterium spp.* and high rates of coagulase-negative staphylococci were sensitive to vancomycin. In the present study, 13 out of 14 isolates of *Staphylococcus aureus* responded to vancomycin. A close finding was described by Akhter *et al.* ⁽²⁸⁾, and Han

et al. ⁽²⁰⁾, who observed that all *Staphylococcus aureus* isolates complied with vancomycin.

Amikacin was effective against coagulase-negative Staphylococci and *Corynebacterium spp.* that were detected in the study. Kunimoto *et al.* ⁽³⁰⁾ pointed almost similar results when mentioned that 89.5% of coagulase-negative Staphylococci and all *Corynebacterium spp.* responded to amikacin. Han *et al.* ⁽²⁰⁾ recognized that 81.3% of *Staphylococcus aureus* microorganisms were sensitive to amikacin. This rate was close to that observed in the study.

All *Corynebacterium spp.* responded to cephalixin, while the remaining isolates showed moderate sensitivity to it.

It was found that coagulase-negative Staphylococci and *Staphylococcus aureus* microbes obtained in the study, were highly resistant to tetracycline.

Knauf *et al.* ⁽³¹⁾ illustrated that the susceptibility of conjunctival isolates to ciprofloxacin was relatively high and represented 91.7%. This rate was almost similar with that found in this study.

The authors Kunimoto *et al.* ⁽³⁰⁾ recorded that the sensitivity of *Streptococcus spp.* to amikacin, chloramphenicol, ciprofloxacin, gentamicin, and vancomycin represented 81.8%, 92.3%, 76.9%, 53.8%, and 81.8% respectively.

The microorganism *Rhodococcus equi* was found to be resistant to tobramycin and tetracycline.

Gram-negative organisms do not comply to vancomycin; therefore *Proteus mirabilis* did not respond to it.

In this study, *Proteus mirabilis* exhibited intermediate resistance to amikacin. In addition, Akhter *et al.* ⁽²⁸⁾ showed that *Proteus mirabilis* agents were highly responsive to ciprofloxacin and gentamicin and